



Union of Myanmar

Post Nargis Joint Assessment (PONJA)

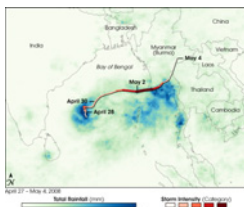
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Introduction

Cyclone Nargis, struck Myanmar May 2nd and 3rd killing 84,537 people with another 54,000 still missing. In response to this tragedy, the United Nations deployed teams to Yangon to provide humanitarian assistance. The UN Office for the Coordination of Humanitarian Affairs (OCHA) created an office in Yangon to coordinate the UN efforts and other agencies such as the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC) provided staff to support OCHA. As part of this support, a team was organized to conduct a delta-wide rapid needs assessment of the villages. The team consisted of people from of UN, WHO, iMMAP, and CDC. This poster outlines the methodology used to perform the needs assessment and illustrates some of the analysis performed from the data collected.

Path of Cyclone Nargis



Source(s):
- National Aeronautics and Space Administration (NASA)

Background

The Post Nargis Joint Assessment (PONJA) was designed as a comprehensive, rapid, joint effort that will provide the basis for humanitarian and recovery programs. The assessment is comprehensive in the sense that, in a rather exceptional way, it covers humanitarian as well as recovery needs. It was led jointly by ASEAN, the United Nations, and the Myanmar Government, with technical support from a range of humanitarian and development partners, including the Asian Development Bank, World Bank, and many non-governmental organizations. The team completed the assessment in less than 5 weeks.



Survey teams heading to the field



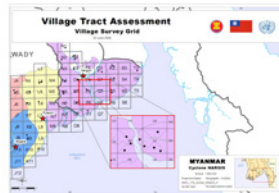
Method

Primary data were collected through the Village Tract Assessment (VTA), a survey of households, key informants (for example, teachers, village leaders), and focus groups in the worst affected townships. 250 enumerators visited 291 villages across 30 townships over ten days in early June 2008. The survey included questions on health, food and nutrition, education, women and children, water and sanitation, agriculture, livelihood, temporary settlements, and emergency shelter. The maps below show the hubs, artificial grid, GPS location of the villages that were surveyed, and the final count of villages by quadrat that were used for sampling.



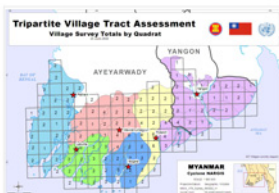
The affected area was divided into hubs and a hub city within the village surveys.

A reference grid was then overlaid over the affected area dividing up the area into 131 quadrats. Two villages were identified in each quadrat to survey based on the two villages closest to the centroid of the quadrat.



After the villages to be surveyed were identified, teams from each hub surveyed households, key informants, and focus groups. In addition, observation surveys were conducted and GPS coordinates were taken for the village.

After the surveys and the data entry were completed, the location of the villages were mapped and counted by quadrat. Due to logistical issues, some quadrats had more or less than the required number of two villages per quadrat.



Results

The PONJA aims to assess: (i) the current vulnerabilities and needs of the population living in the most affected areas; (ii) the damage done to assets (for example, destroyed or damaged houses, sunken fishing boats) in all areas affected by the cyclone; and (iii) the losses of income caused by the cyclone that the Myanmar economy and households will experience until assets and livelihoods are restored to pre-cyclone levels.



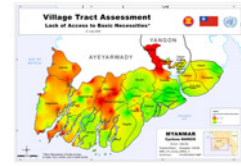
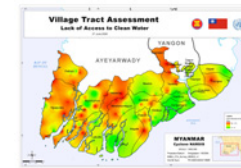
According to the VTA, Cyclone Nargis damaged close to 75 percent of health facilities in the affected townships. Most damage occurred in the lower Delta. Almost all the destroyed facilities were primary health facilities, including station hospitals, rural health centers and subcenters. While the value of the damage to these facilities may not be as large as that for hospitals, it has a tremendous impact on the access of the rural population to health services.*

It is estimated that Nargis affected approximately 800,000 housing units: around 450,000 units are estimated to have been totally destroyed and around 350,000 units were more lightly damaged. The total damage and losses are estimated at around K 686 billion.*



More than half of the households living in the most affected townships reported having lost all food stocks during the cyclone. On the day of the survey (i.e., early June), 55 percent of households declared having one day of food stocks or less. While more than half of households reported that they were able to source food from local markets, this does not preclude their dependence on humanitarian assistance.*

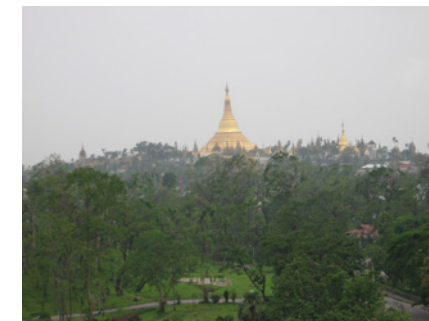
Sixty-three percent of people surveyed consider their current access to clean water to be inadequate, with approximately 1.8 million severely affected people in need of improved water supply. To reduce the risk of water-borne diseases among affected populations, relief interventions are focusing on the provision of an adequate supply of safe water, and on supporting hygiene and sanitation measures. Initial recovery activities will help families to reoccupy earthen pots with which to harvest rainwater, the dominant source of clean drinking water.*



In addition to the tragic loss of life, the total amount of damage and losses caused by Cyclone Nargis in the affected areas of Myanmar is estimated at about K 4,300 billion (USD 4,057 million). The value of damages, which is an expression of the destruction of physical assets by the disaster, amounts to almost K 2,000 billion (or 48 percent of the total effects of the disaster). Losses, on the other hand, which reflect the reduction in economic activity after the cyclone, amount to about K 2,500 billion (57 percent of the total).*

Conclusion

In the immediate aftermath of Cyclone Nargis, local authorities, UN Agencies, international non-governmental organisations (INGOs) and community based organisations (CBOs) made various rapid assessments of the situation. These assessments guided the very early humanitarian response. However, these assessments were neither consistent in their content nor comprehensive in their geographical coverage, and this resulted in significant knowledge gaps. The Village Tract Assessment was thus designed as a single assessment that would identify the vulnerabilities and capacities in the areas worst affected by the cyclone. Specifically, the assessment identifies relief and early recovery priorities for intervention in the immediate future, by collecting information on a range of sectors/clusters and in a number of communities across the affected areas. The assessment will also support future needs for monitoring and evaluation by providing a baseline on a range of issues.*



Pagodas in Yangon

Public Health Impact

VTA findings indicate that there are significant health impacts following the cyclone at the village level including: (i) a range of health risks that will require the health system to be vigilant with respects to potential disease outbreaks; and (ii) urgent and on-going health needs for survivors. The most common services available at the nearest health facility before the cyclone were immunizations, treatment of prevalent diseases, delivery, and antenatal care. Access by villages to these services has declined by 18 percent, 9 percent, 10 percent, and 9 percent, respectively.*

* Source: Post-Nargis Joint Assessment Final Report, Tri-Partite Core Group (Union of Myanmar, ASEAN, United Nations), July 2008